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ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Tuesday 19 NOVEMBER 2019

This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

- 1 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 8TH OCTOBER 2019** (Pages 3 - 16)
- 2 **ADULT CARE AND HEALTH RISK REGISTER** (Pages 17 - 30)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

Printed copies of the briefing are available to Members and Co-opted Members upon request by contacting Jo Partridge on 020 8461 7694 or by e-mail at Joanne.Partridge@bromley.gov.uk.

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 5.30 pm on 8 October 2019

Present:

Councillor Mary Cooke (Chairman)

Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, Christine Harris and David Jefferys

Roger Chant

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health,
Dr Angela Bhan, Bromley Clinical Commissioning Group
and Mina Kakaiya, Healthwatch Bromley

8 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Keith Onslow and Councillor Christine Harris attended as his substitute. Apologies were also received from Councillor Robert Mcilveen, Justine Jones and Lynn Sellwood.

9 DECLARATIONS OF INTEREST

There were no declarations of interest.

10 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

11 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 2ND JULY 2019

RESOLVED that the minutes of the meeting held on 2nd July 2019 be agreed.

12 PRESENTATION BY THE CHARTWELL CANCER TRUST

Michelle Simpson – The Chartwell Cancer Trust presented an overview of the fundraising work currently being undertaken by the charity.

The Chartwell Cancer Trust was founded in 2005 by Michael Douglas, after he had undergone treatment in the Chartwell Unit at the Princess Royal University Hospital (PRUH) and had been struck by how understaffed the unit was. Ever since, The Chartwell Cancer Trust had funded additional medical staff specifically for the unit. As a small charity they were able to say “yes” to requests quickly, and had become the “go to place” when fundraising campaigns were needed. A lot of work took place behind the scenes, including the funding of four specialist haematology clinics a week, and fundraising £80k to help make the layout of the treatment suite at the Chartwell Unit more accessible.

The Chartwell Unit consisted of an inpatients’ ward, outpatients and a treatment suite. There was no longer a treatment offer for children, as this had been moved to the Queen Elizabeth Hospital (QEH) – Woolwich, Kings College Hospital and Croydon University Hospital. Through their fundraising, The Chartwell Cancer Trust provided support to these out of borough children’s wards including: additional staff, medical equipment, training for the nursing staff, coffee machines, toys, games, DVD’s, books, and arts and crafts. Childhood Cancer Support Groups had been set up in Bromley, which included regular monthly meet-ups and parties at Christmas, Easter and Halloween. These events provided families with the opportunity to make special memories together, and allowed them to have some “normal” time with other families in similar situations. The Bromley events had been so successful that they had also established them for the three children’s wards.

The Chartwell Cancer Trust had a number of capital projects currently running for the PRUH. In February 2019, they had been approached by the PRUH to raise £80k to purchase a state of the art breast scanner. As the machine had been so vital, funding already raised had been moved across to make the purchase and fundraising was taking place retrospectively. Other projects had included fundraising £350k for the upgrade of the Endoscopy Unit at the PRUH and £250k for a Virtual Conferencing Facility which linked Guy’s, St Thomas’, King’s and the PRUH. A Member noted the fantastic work that The Chartwell Cancer Trust undertook, and questioned what support had been received from the NHS in relation to the Endoscopy Unit. Ms Simpson said that the £350k being raised was just a “stop-gap” to keep the unit going until funding was signed off, as millions of pounds were needed due to it being in a state of disrepair. They had been unable to raise the money as quickly as needed, so King’s had stepped in. Another Member queried if, in relation to the Endoscopy Unit, they were replacing things that should be provided through the NHS, or if they were adding little extra to make patients more comfortable. Ms Simpson said that they added extras in all areas, however the Endoscopy Unit was a “grey area” – last year over 11,000 procedures had been undertaken and the Unit was desperate for some items to be replaced.

Other capital projects were being undertaken for Kings College & Croydon University Hospital’s, including The Chartwell Cancer Trust’s biggest appeal to date. This was the Lilypad Appeal, which aimed to raise £750k towards the cost of the oncology beds in the new Paediatric Village in Croydon University Hospital. This was a two-year project, which was well underway. Other

smaller fundraising projects for King's included £20k for Professor John Strouboulis's cultured cell and gene editing research project and funding for a specific brain cancer and primary nervous system project.

Courses of treatment for childhood cancer were much longer than for adult cancers, which often left the children affected by their isolation. To help combat this, the AV1 'No Isolation' Robot had been created. The robot could sit on the child's desk at school, and acted as their eyes, ears and voice in the classroom. It could be accessed from wherever the child was, be it in hospital or at home, and allowed them to stay connected with their classmates, peers and teachers and continue with their education when they were too ill to physically attend school. The eyes of the robot could express how the child was feeling, and its head could flash white when the child wanted to interact with the teacher. It could also turn blue if the child was feeling unwell or not wanting to interact. The Chartwell Cancer Trust currently had twelve of these robots, which were all with children, and two more had been ordered.

In response to a question, Ms Simpson confirmed that the unit price of the AV1 'No Isolation' Robot was just under £3.5k. They were produced by a small company which had started up the previous year, and it was hoped that the more robots made, the more the price could be reduced. A Member asked if any help was received from the school PTA's where the robots were placed. Ms Simpson said that fundraising usually happened after the robot was placed, and that they tended to be funded by businesses. Part of the robot's cost was for the safeguarding elements it included, which schools had requested to ensure that it was just live streaming. There was also an agreement process in place for when a child took on a robot, to ensure that they were the only one using it. A Member enquired if there was a possibility of the company leasing out the robots for a monthly fee. Ms Simpson said that this was an option that had recently been offered, however buying the robots had been the only option at the time of ordering.

Mina Kakaiya, the Healthwatch Bromley representative asked if there was any evidence of what impact the robots had on the children's attainment. Ms Simpson noted that the only information was what they had gathered themselves, and in the last issue of their magazine, a case study of two children who had used the robots had been included. One of the children had been undergoing treatment for a second time, and had said that the robot changed his life. The robot was carried from lesson to lesson by his friend, and the child's level of education was still where it should be.

The Chartwell Cancer Trust was occasionally allocated funding or grants for capital projects, however they were being asked to do more and more, and as a result help was needed to spread the word. Members were encouraged to tell colleagues and businesses about the charity to help to raise awareness; connect them to others that may be able to help; and support their events and challenges. In response to a question, Ms Simpson said that funding was their main problem and there was still so much more that they wanted to do. Copies of their recent magazines were provided to Members, which included

information on how The Chartwell Cancer Trust raised money, and how it was spent.

The Healthwatch Bromley representative noted that the feedback they received, in relation to patient's experience of the Chartwell Unit at the PRUH, was very positive.

The Chairman thanked Ms Simpson for her extremely interesting presentation, and invited her to return to a future meeting of the Sub-Committee to provide an update on the work of The Chartwell Cancer Trust.

RESOLVED that the presentation be noted.

**13 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST: IMPROVEMENT PLAN**

Professor Nicola Ranger, Chief Nurse and Executive Director of Midwifery – King's College Hospital NHS Foundation Trust ("Chief Nurse and Executive Director of Midwifery") provided an update on the Trust and its Improvement Plan following the outcome of the Care Quality Commission (CQC) Inspection Report.

The Chief Nurse and Executive Director of Midwifery informed Members that she had been in post for around seven weeks. An overview of the King's Executive Team was provided, which included Dr Clive Kay – Chief Executive and Bernie Bluhm – Chief Operating Officer who had attended the Health Scrutiny Sub-Committee meeting in July 2019. It was noted that the longest serving member of the King's Executive Team had been in post for three years. A number of "fresh eyes" had come into the team, and they were aware of the impact that constantly changing the top team could have – they wanted to listen to staff and create a sense of stability. The Chief Nurse and Executive Director of Midwifery said that this was highlighted by the case of Frimley Park Hospital, which was the first to receive an 'outstanding' rating from the CQC and had a Chief Executive in post for twenty nine years. The King's Executive Team were committed to being at the Trust, and to resolving issues for staff and patients. The Chairman enquired how many of the King's Executive Team were in permanent roles. The Chief Nurse and Executive Director of Midwifery confirmed that the only post on a fixed term contract was that of the Chief Operating Officer. This contract had been for two years, however there were plans to make this post substantive.

The primary narrative of the Trust was for financial stability and addressing its huge reported deficit. Over the last two quarters, the Trust had reached its 'control total', and had been £1.6m ahead of plan at the end of August 2019. This had brought a sense of confidence and the aim was to stay on track, and reach the 'control totals' during the winter months which it was often harder to do. The Trust had significantly reduced the number of patients waiting over 52 weeks, from 450 to 130. It was intended that this would be reduced to zero in a maximum of six months. Fines were usually incurred for having 52 week

waiters, but due to the Trust's better financial performance these had not been issued. However, there were still challenging times ahead, at the Trust needed to "get on track", but not at the expense of staff or patients.

A Member highlighted that in relation to the Trust's financial performance, pay was £9.6m below budget, and queried what lay behind this. The Chief Nurse and Executive Director of Midwifery said that the Trust had one of the best fill rates at 80%, and they had recruited to posts rather than using agency staff. The Trust had one of the lowest vacancy rates, at just below 8%, and also one of the lowest staff turnover rates. The nursing vacancies at the PRUH were minimal, however the biggest challenge was the recruitment of medical staff to work at the hospital.

The Trust had been asked what impact the exit from the European Union (EU) would have on staffing. The Trust was planning for this according to the guidance published in December 2018 by the Department of Health and Social Care (DHSC), and subsequent communications from NHS England and NHS Improvement. The Trust had appointed an EU Exit Lead and there was a point of contact at a Sustainability and Transformation Partnership (STP) level. The Chief Nurse and Executive Director of Midwifery said that in terms of staff leaving, it was likely that they would have done so over that last couple of years, and in that time others would have applied for leave to remain. It was noted that there remained uncertainty around the UK's departure from the EU, but staff had been warned that there may be more demand on their time, and they would work closely with colleagues to address this.

Members were provided with the attendance and performance figures for the PRUH's Emergency Department (ED) and Urgent Care Centre (UCC) from April 2019 to September 2019. It was noted that the 'Type 3' performance, which was the more minor cases, had not been too bad. However, the 'Type 1' performance, which was patients that needed admitting and required a hospital bed, was a real concern. There was a significant way to go to improve the 'Type 1' performance figures, and work to be undertaken with partners to consider how to get patients out of hospital quicker. The PRUH had one of the best discharge lounges she had seen, and if they could get patients into it earlier in the day, other patients could be admitted into the vacant beds earlier as a result. In response to a question from the Chairman, the Chief Nurse and Executive Director of Midwifery confirmed that the attendance and performance figures for the PRUH's ED and UCC could be produced on a monthly basis, and provided to the clerk for circulation to Members of the Sub-Committee.

The Chief Nurse and Executive Director of Midwifery noted that Members would be aware of the outcome of the CQC Inspection of the Trust, which had been published in June 2019. It had been pretty damning in relation to the ED at the PRUH, which had been a concern for staff and local residents. An oversight meeting had taken place in September 2019, at which the ED team had presented the action plan. This had then been presented to the CQC on the 12th September 2019, and they had been genuinely impressed with what

they had heard. The CQC would make an unannounced visit to the ED over the next few weeks, and if they saw evidence of what had been presented, and it was echoed when speaking with staff, they may reconsider the inspection rating. The Chief Nurse and Executive Director of Midwifery said the Trust would be happy to send the presentation on the work being done to the clerk, for circulation to Members. It was noted that one area of concern raised related to resus, and too many patients using it at the same time. This had now been addressed, and no more inappropriate use had taken place. There had also been criticism that patients with mental health needs had potentially been exposed to non-ligature free areas, and to reduce this risk, a Mental Health Room was now in place. The Trust had actioned areas that the CQC had been most concerned about. These included: 90% of patients attending having a mental health assessment form completed in a timely manner; hot food and snacks were now available to patients, and hot drink rounds were in progress mid-morning and mid-afternoon in the ED and for relatives in the waiting rooms; and the completion of mandatory training for the medical team had improved to over 80%. However, there was more work to do and there were still issues of overcrowding with two patients being nursed in cubicles designed for only one person.

A Member asked if there had been any improvement in relation to the endoscopy backlog that had been highlighted at the last meeting. The Chief Nurse and Executive Director of Midwifery said that there had been a real issue with capacity and the Trust recognised that this was a key priority area, particularly at the PRUH. Assessments had been undertaken of those patients that may have been put at risk due to the delays. It was suggested that an update could be brought to the next meeting of the Health Scrutiny Sub-Committee.

Members noted the comments made in the CQC Inspection report in relation to staff morale and the attitude of staff towards patients, and enquired if anything had been done to address this. The Chief Nurse and Executive Director of Midwifery agreed that out of all the comments made in the report, these had been the most upsetting. At the time of the Inspection, there had been twenty four vacancies for Band 5 nurses, which had a big impact. These vacancies had since been reduced down to five, and she had recently met with a group of student nurses, five of whom were looking for jobs at the PRUH. A review of nurse staffing at the PRUH and Denmark Hill had been undertaken the previous year, however some of the decisions made needed to be re-looked at. The feedback received in real time had shown there was a focus on getting things better, and the family and friends test figures had increased by 20%. In response to a question, the Chief Nurse and Executive Director of Midwifery said that the Trust's staff survey had opened on the 27th September, and would run for at least six weeks. Previously, the results had been managed on an aggregate level and not enough had been done to break these down by site and department. This year, the results would be broken down which would allow each unit to listen to staff, work on staff morale and find out what frustrated staff at various level. A reoccurring factor was the amount of violence and aggression that members of the hospital staff were subjected to. In response to a question, the Chief Nurse and Executive

Director of Midwifery said that some of the violence and aggression was due to people coming into the hospital short-tempered and staff not always de-escalating the situation, whereas others were physically unwell and did not mean to be violent or aggressive. A number of those that “acted out” were mental health patients, and staff needed to be aware and ensure that they asked the right questions.

The Chairman noted that a lot of the aggression in the ED was due to the long waiting times and total lack of information given to the patients waiting. The reception staff seemed to take the brunt of the aggression, and needed training on how to deal with those situations. The Chief Nurse and Executive Director of Midwifery agreed, and said that what patients did not always see when they were sat in the ED was the number of ambulances coming in. Reception staff needed to listen to patients, disseminate information, and respond to them as individuals. It was acknowledged that reception staff had a hard job – in previous staff surveys these were the staff who said they did not feel overly cared for.

The Healthwatch Bromley representative said that one of the key things that had been identified in the feedback they had received from service users was administration. As well as the lengthy wait times and lack of communication, it was the multiple appointments system which needed to be streamlined, and the bad grammar and spelling mistakes on the pre-assessment forms that frustrated patients. It was noted that all of the service user data on the ED was pulled together, and fed back to the Patient Engagement Lead at the PRUH on a quarterly basis. The Chairman noted that it was difficult to understand why in this digital age, the hospital was still dependent on sending out letters. The Chief Nurse and Executive Director of Midwifery said that the outpatient’s appointment system and pre-assessment would be looked at as part of a big piece of quality improvement work. There was a lot that needed tweaking, but there was the capacity to get it to the right place.

A Member noted that in the Trust’s Improvement Plan, it quoted that in relation to ‘ensuring the environment and equipment was suitable and fit for purpose’ a Business Case for expansion was to be approved by the Executive Team, and asked if this was still intended for this to happen by March 2020. The Chief Nurse and Executive Director of Midwifery said that there were a number of new members in the Executive, with fresh opinions and views, but it was felt that the environment at the PRUH was quite good compared to some other ED’s. Feasibility would be looked at before any money was spent on reformatting. The structure and process of behaviour was being worked through, and then it would be decided if any building or capital works were required. It was noted that where ‘Type 1’ performance was very low, it usually indicated that this was impacted by the rest of the hospital, rather than just the space in the ED. It was anticipated that in this time frame, a clear decision would have been agreed.

The Chairman extended her thanks to Professor Nicola Ranger and Sarah Middleton for attending the meeting of the Health Scrutiny Sub-Committee

and providing an update on the Trust and the progress made against the Improvement Plan thus far.

RESOLVED that the update be noted.

14 PLANNING OF WINTER SERVICES (CCG)

The Sub-Committee considered a report providing an update on the development of the 2019/20 Bromley System Winter Plan from Clive Moss, Urgent Care Lead, Bromley Clinical Commissioning Group (“Urgent Care Lead”).

The Winter Plan built on the ongoing One Bromley Urgent and Emergency Care programme, which was designed to deliver the One Bromley vision of developing an integrated urgent and emergency care system. Over the past few winters, the local health and social care system had felt increased pressure during the winter months, with most services seeing a surge of activity and demand, with a more complex range of patient needs. Additional challenges had included seasonal presentations of influenza and norovirus. These additional pressures on the health and social care system affected all age groups, but were primarily from older and frail people. Bromley health and social care system leaders had developed a plan to manage safely and effectively the additional pressures during this period.

The plan was developed through the Bromley A&E Delivery Board, which delivered a whole system approach to planning, improved performance and the development of a coherent local service framework for urgent and emergency care. The plan contained within it System Escalation Protocols for managing surges, Winter Scheme Spend and further Winter Planning (including infection control / flu plans, minor breach reduction plans, improving ambulance handover plans, borough based and South East London contact list and provider assurances of managing demand and capacity). The A&E Delivery Board was responsible for the oversight and management of the plan, which would be a live document throughout winter to ensure that all information was kept as up to date as possible.

The focus for this year was to provide schemes that built on the lessons learned from previous year, and there were three joint strategic themes: avoiding unnecessary hospital attendances; maintaining hospital flow; and a reduction in the delayed discharges through integrated working.

A Member noted that the handyman service was a fantastic year-round offer, and asked for more information on the twelve dedicated Extra Care Housing Assessment Flats. The Urgent Care Lead said that these flats were located in different warden based housing units across the borough. Three of these flats were dedicated to Discharge to Assess (D2A) step down beds. The Managing Director, Bromley Clinical Commissioning Group advised that these step down beds were available within twenty four hours to those needing extra

rehabilitation. Occupants would live in the flats on their own, but may have packages of help which came in, and took place in a controlled environment.

A Member highlighted that there was a need to maintain patient flow at the hospital at all times. The Urgent Care Lead said that a new pilot had been trialled at another UCC over the winter, with a floor co-ordinator role being implemented. This role covered the evenings and weekends when there was not a service manager scheduled to work, and supported patient flow. The aim was for it to have a positive impact on waiting time management by ensuring that patients were seen in a timely manner. So far, this had only taken place at the Queen Elizabeth Hospital, Woolwich, but it would be rolled out at the PRUH.

In response to a question, the Urgent Care Lead said that the total budget for the CCG winter schemes was £646k. The estimated cost of the proposed schemes was now up to just over £600k, but costs could still increase further. It was noted that the CCG and LBB winter resilience funding was part of the agreed Bromley Better Care Fund, and King's winter resilience funding was part of their contracted baseline.

A Member asked for an update in relation to the flu immunisation campaign. The Urgent Care Lead said that the public campaign was on track, and the same patient advertisements and displays would be used as in previous years. There would be an increased push for staff to take up the offer of a flu jab, and for the first time they would be offered to Local Authority staff. Take up of the immunisation would be monitored through the data received.

A Member noted that some of the Key Performance Indicators (KPI) provided in the appendices to the report were blank, and enquired if quantitative information would be put against the schemes. The Urgent Care Lead said that for some schemes, data was not available, however KPI's for similar services that were evaluated last year could be provided to the clerk and circulated to Members following the meeting.

In response to a question from the Chairman, the Urgent Care Lead said that severe weather protocols were incorporated in the system plan, and that there was shared oversight with the Delivery Board.

The Chairman welcomed Christopher Evans, the newly appointed Chief Executive of Community Links Bromley to the meeting.

Mr Evans noted that the plan was developed through the Bromley A&E Delivery Board, which worked in partnership with a range of providers including the Bromley Third Sector Enterprise. The commitment to increasing capacity in existing services, especially at a time of difficult financial constraints, and the strengthening of the community reactive urgent response offer were welcomed.

However, the report was silent on the important and potentially developing role that the wider voluntary and community sector (VCS) could play in

addressing some of the issues that they were seeking to address. Many of the current VCS services in Bromley were already in the front line of the preventative work to address winter pressures. The Night Shelter support to rough sleepers and the homeless in Bromley was illustrative of this. Other initiatives had included a Citizens Advice provision of free information and advice to ease financial worries and minimise fuel poverty enabling people to feel warm and well. The volunteer Snow Friends were another example of where the mobilisation of the community could play an important role. Small groups such as Careplus, as well as Faith based organisations, also had a role to play here. In previous years, volunteer Health Champions had been recruited and trained to deliver winter health messages to groups of older, vulnerable residents.

In recognition of the key role that the sector was able to play, many parts of the country had developed voluntary sector grants programmes to enable engagement with providers to develop innovative preventive interventions. Whilst there was an appreciation that budget provision had been made for the forthcoming winter, it was suggested that this approach was further explored. Grants could be used to reduce social isolation amongst vulnerable older people, and link people into services and grow awareness of the support available. Whilst these grant programmes were frequently modest, the reach could be extensive. Further consideration could be given to the use of the Innovation Fund as part of this offer, and thought could be given to using any underspend to help fund these initiatives going forward.

RESOLVED that the update be noted.

Following this item, Councillor Christine Harris and Councillor Judi Ellis left the meeting.

**15 BROMLEY HEALTHCARE QUALITY ACCOUNT 2018/19
(BROMLEY HEALTHCARE)**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare (“Director of Operations”) presented the Bromley Healthcare Quality Account 2018/19. The document outlined the findings of a review of their quality priorities and performance during 2018/19, and looked forward to a planned improvement in the quality of services across five priority areas for 2019/20.

During 2018/19, there had been a number of key highlights for Bromley Healthcare. These included outcome measures being developed for every service to demonstrate improved outcomes for patients following their care. There had been a successful relocation of the rehabilitation beds to the Foxbury unit, with positive patient feedback received regarding the move and the new location. The National Audit of Intermediate Care had also found the service to demonstrate exceptional (positively deviant) performance in outcomes, despite facing the same constraints as others. A bespoke Nursing Band 5 Development Programme for newly registered nurses had also been

introduced. This was an intensive programme which provided a focussed target on clinical skills, immediately followed by clinical practice with a tailored list of patients.

The Bromley Healthcare Care Coordination Centre, which played a significant role in ensuring continuity and consistency of patient care, had extended its operating hours to 24 hours a day, seven days a week. Phase two of the project would include a clinical monitoring unit, and the trialling of a tele-hub. A 'daily safety huddle' and 'near live' safety dashboard had been introduced to drive improvement, resulting in the reduction of missed visits. It was noted that this had all been possible due to the wonderful, committed team they had at Bromley Healthcare.

For 2019/20, priority areas had been identified for improvement which reflected learning from the Care Quality Commission (CQC) inspections undertaken since 2016/17 and were underpinned by the five CQC core standards for a healthcare organisation comprising Safe, Caring, Responsive, Effective and Well Led.

A Member noted that the organisational aim was for a minimum of 85% of staff achieving a regular annual appraisal. The Chief Executive Officer said that she was not happy with the appraisal rate being below 100%, and as a result, a compliance bundle had been introduced that was linked to pay progression.

In response to a question, the Chief Executive Officer said that Bromley Healthcare had previously delivered a 0 to 19 service in Bromley, but this had been lost through procurement. The Director of Operations advised that they still provided school nurses through 'Health Support for Schools'.

The Chairman led Members in thanking Bromley Healthcare for an excellent report which had been very informative.

RESOLVED that the Bromley Healthcare Quality Account 2018/19 be noted.

16 PERINATAL MENTAL HEALTH SERVICE UPDATE (OXLEAS)

Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director"), Dr Sushma Sundaresh, Consultant Perinatal Psychiatrist and Clinical Lead – Oxleas NHS Foundation Trust ("Consultant Perinatal Psychiatrist and Clinical Lead") and Sarah Hooton, Perinatal Team Manager – Oxleas NHS Foundation Trust ("Perinatal Team Manager") provided an update in relation to Perinatal Health Services.

Since 2014, there had been an evident need to prioritise perinatal mental health. A small service had been provided from 2016, and Oxleas NHS Foundation Trust had applied for NHS England funding to develop the service they provided today. When this service went live on the 28th February 2019, it

had turned the map of London green, indicating that all women had access to a perinatal service. Almost a quarter of women who died between six weeks and one year after pregnancy died from mental health related causes, with one in seven women dying by suicide. A report on the costs of perinatal mental health problems had found that the known costs per year's births in the UK totalled £8.1 billion. Of these costs, 28% related to the mother, and 78% related to the child. Up to 20% of women developed a mental health problem during pregnancy, or within a year of giving birth, however women in around half of the UK had no access to specialist perinatal mental health services.

The Oxleas Perinatal Mental Health Team was a multi-disciplinary mental health service for pregnant and postnatal women with severe and complex mental illness. The aim of the Perinatal Mental Health Team was to detect, prevent and treat perinatal mental health problems. The team saw women who were residents, or registered at GPs, in the London Boroughs of Bexley, Bromley and Greenwich. The service had adopted a 'hub and spoke' model, and the team was based at Queen Mary's Hospital, Sidcup. The service had external interfaces with three local maternity sites (two within the borough and one in a neighbouring borough), one health visiting service provider, two Improving Access to Psychological Therapies (IAPT) providers, and three Local Authorities. Internally, the service had interfaces with two health visiting services, one IAPT service, two Mental Health Liaison services, three Home Treatment / Crisis Teams and nine Community Mental Health Teams. The large number of interfaces highlighted that it was vital for there to be good communication between the services.

The service continued to work closely with third sector organisations through various co-produced activities which included: a Mind support worker / Mindful Mums group; a co-facilitated group with Mums Aid (Greenwich); Maternal Journal; and resilience intervention for fathers which was CCG led. There was also involvement from women with live experience in the form of focus groups, recruitment, publications, implementation groups and overall service development. In response to a question, the Consultant Perinatal Psychiatrist and Clinical Lead said that through the Trust's work with Mind there was buddy model and peer support group for patients in Bromley. The Perinatal Team Manager noted that there was also a Perinatal Forum, which allowed them to identify best practice from other boroughs.

The team saw women with a number of mental health problems including Bipolar Affective Disorder, Schizophrenia / Schizoaffective disorder, previous Postpartum Psychosis, severe depression, other psychotic illness and those with a family history of Postpartum Psychosis. It was noted that partners were asked to refer these women, even if they were currently well. In response to a question, the Consultant Perinatal Psychiatrist and Clinical Lead said that between 10% and 15% of the women they saw had pre-existing conditions. Other care co-ordinators were being trained to recognise mental health problems, which would allow discussions to take place early on to keep the women well.

The team also saw women with severe or complex mental illness, such as Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, eating disorders and personality disorder, and also provided pre-conception advice to women with severe mental illness. Women under 18 years old could be referred if perinatal mental illness dominated the clinical picture. These women were also referred to Child and Adolescent Mental Health Services (CAMHS), and the Perinatal Mental Health Team would provide advice.

Feedback had been obtained at the time of discharge from twenty four patients, and the comments had been very positive and encouraging for staff. In response to a question, the Consultant Perinatal Psychiatrist and Clinical Lead said that in the first six months, the team had received 531 referrals. They had taken on 320 of these patients, and seen around 273.

Looking ahead, to consolidate the work that had been done a service evaluation would be carried out at the end of the first year. Work would also be undertaken in terms of the development, retention and wellbeing of the workforce – the team had increased from four to thirty two staff, and it was important that they all felt valued.

The Associate Director said that this was a “good news story” for Bromley, as it had been the good practice of the Bromley service that had been expanded across the Trust.

The Chairman thanked Adrian Dorney, Dr Sushma Sundaresh and Sarah Hooton for their excellent presentation, and wished the team well with their future work.

RESOLVED that the update be noted.

**17 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE
(REPRESENTATIVES)**

The minutes from the meeting of the Joint Health Scrutiny Committee on the 25th September 2019 would be circulated to Members once available.

18 WORK PROGRAMME 2019/20

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

The Chairman noted that Healthwatch Bromley had been invited to present their Service User Engagement at the next meeting of the Health Scrutiny Sub-Committee. Members requested that Michelle Simpson at The Chartwell Cancer Trust be invited to return to the Sub-Committee in six months’ time to provide an update on the work being undertaken.

19 ANY OTHER BUSINESS

There was no other business.

20 FUTURE MEETING DATES

4.00pm, Tuesday 28th January 2020

4.00pm, Thursday 23rd April 2020

The Meeting ended at 7.30 pm

Chairman

Report No
ACH 19103

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 19 November 2019

Decision Type: Non-Urgent Non-Executive Non-Key

Title: ADULT CARE AND HEALTH SERVICES RISK REGISTER – QUARTER 2, 2019/20

Contact Officer: Denise Mantell, Strategy Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

Chief Officer: Kim Carey, Interim Director: Adult Services

Ward: N/A

1. Reason for report

- 1.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. Education, Care and Health Services' Risk Register covers those risks which impact on its ability to deliver its priorities and objectives. This report enables the Portfolio Holder to scrutinise those risks and the actions taken to control them in line with Audit Sub-Committee recommendations.
-

2. **RECOMMENDATION(S)**

2.1 The Portfolio Holder is asked to note:

- the current Adult Care and Health Risk Register and the existing controls in place to mitigate the risks.

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Excellent Council Safe Bromley Supporting Independence Healthy Bromley
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance None:
Further Details
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

Background

- 3.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes require that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be reviewed by the Corporate Risk Management Group.
- 3.3 Following the Council re-structure on 1 August 2019, the Education, Care and Health Risk Register was divided into the Children's Services Risk Register and the Adult Care and Health Services Risk Register. The housing risks have been incorporated into the Housing, Planning and Regeneration Risk Register. The Adult Care and Health Risk Register 2019/20 Quarter 2 update was agreed by Adult Services Leadership Team in October 2019.
- 3.4 The Adult Care and Health Services Risk Register is attached as Appendix 1. The risks included in the Risk Register are outlined below.

Risk Reference	Risk
1	Failure to deliver Financial Strategy
2	Failure to deliver effective Adult Social Care services
3	Failure to deliver effective Learning Disability services
4	Deprivation of Liberty
5	Recruitment and Retention - ASC
6	Transport – School and Adult Social Care
7	Social Care Information System
8	Inability to deliver an effective Public Health service
9	Business Interruption / Emergency Planning
10	Data Collections
11	Failure to deliver partial implementation of Health & Social Care Integration

- 3.5 The following changes have made to the risks of relevance to the Adult Care and Health Portfolio since June 2019:
- One risk was removed from the Risk Register:
 - Risk 15 – Contracts and Service Level Agreements which was rated as a Low Gross Risk.
 - Changes to gross and net (current) risks:
 - Risk 3 – Failure to deliver effective Learning Disability services – change of net risk from 16 to 12
 - Risk 4 – Deprivation of Liberty – change of net risk from 8 to 6
 - Risk 5 – Recruitment and Retention – Adult Social Care – change of net risk from 12 to 6
 - Risk 9 – Business Interruption/Emergency Planning – change of net risk from 5 to 4

- 3.6 Mitigating actions have seen three high risks reduced to significant risk, three high risks reduced to medium risks, one significant risk reduced to low risk and one medium risk reduced to low risk.

Level of Risk	Gross Risk		Net Risk	
	No.	%	No.	%
High	8	73%	2	18%
Significant	1	9%	3	27%
Medium	2	18%	4	36%
Low	0	0%	2	18%
Total	11	100	11	100

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

5. The controls already in place and the further actions outlined in the Risk Register mitigate against adverse impacts on vulnerable children.

6. POLICY IMPLICATIONS

There are no policy implications arising directly from this report. Any policy implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

7. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Any financial implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

8. PERSONNEL IMPLICATIONS

There are no personnel implications arising directly from this report. Any personal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

9. LEGAL IMPLICATIONS

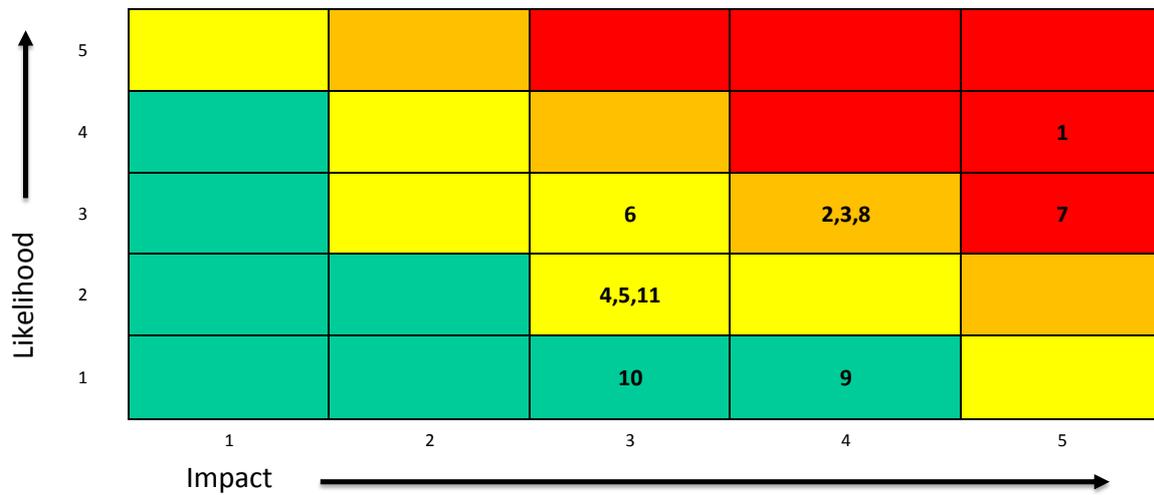
There are no legal implications arising directly from this report. Any legal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

10. PROCUREMENT IMPLICATIONS

There are no procurement implications arising directly from this report. Any procurement implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

Adult Care and Health Risk Register



Risk Ref	Risk Description	Gross Risk Rating	Net Risk Rating
1	Failure to deliver Financial Strategy	25	20
2	Failure to deliver effective Adult Social Care services	16	12
3	Failure to deliver effective Learning Disability services	16	12
4	Deprivation of Liberty	16	6
5	Recruitment and Retention - ASC	20	6
6	Transport - Children and Adults	15	9
7	Social Care Information System	20	15
8	Inability to deliver an effective Public Health service	16	12
9	Business Interruption / Emergency Planning	10	4
10	Data Collections	9	3
11	Failure to deliver partial implementation of Health & Social Care Integration	6	6

Adult Care and Health Risk Register

Q2 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER				
					LIKE	LHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LHO			OD	IMPA	CT	RISK
1	All	Failure to deliver Financial Strategy	<p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved 	Financial		5		5		25			4		5		20		<ul style="list-style-type: none"> - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies - Developed a series of commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures - Growth and mitigation discussions - Service strategies in place to mitigate growth 	<ul style="list-style-type: none"> - Delivering commissioning actions in ASC Transformation Board programme. 	<p>Director, Adult Services Kim Carey</p> <p>Director, Public Health (Nada Lemic)</p>
2	Adult Social Care	Failure to deliver effective Adult Social Care services The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Increasing demand - Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs - Failure to deliver effective safeguarding arrangements - Failure to comply with statutory requirements including the Care Act - Potential instability in social care workforce <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for service users - Failure to keep vulnerable adults safe from harm or abuse 	Legal		4		4		16			3		4		12		<p>Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p>Improved Better Care Fund - Programme overseen by the Interim Director of Programmes and the CCG</p> <p>Safeguarding - 1. Multi Agency Bromley Adult Safeguarding Board (BSAB) in place. 2. BSAB Training programme (E Learning and Face to Face). 3. Awareness training for vulnerable groups. 4. Care Act compliance training</p> <p>Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p>Performance Monitoring Framework - Review of Performance Management Indicators</p> <p>Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p>	<ul style="list-style-type: none"> - Actions as part of LBB's Adult Social Care Transformation Plan 	Director, Adult Services (Kim Carey)
3	Learning Disability Service	Failure to deliver effective Learning Disability services Failure to assess service users, establish eligibility criteria and carry out the review process.	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service users' needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review - Potential instability in social care workforce <p>Effect(s):</p> <ul style="list-style-type: none"> - Costs associated with Legal process - Ongoing care package costs as a result of Legal process outcome - Placement predictions leading to financial pressures (cross refer Budget risk) 	Legal		4		4		16			3		4		12		<ul style="list-style-type: none"> - Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Hold provider to account for poor performance - Monitor demographics, economic indicators and develop insight into future demand 	<ul style="list-style-type: none"> - LD Strategy in development - Actions as part of LBB's Adult Social Care Transformation Plan 	Director, Adult Services (Kim Carey)
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - Risk increased due to change in legislation increasing scope. - Any claim by service user with a community package of care if DoL not in place <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if preparations not in place. 	Legal		4		4		16			2		3		6		<ul style="list-style-type: none"> - Core administrative function maintained - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' Doctor - Rolling out training for all social workers to become Best Interest Assessors - will be reviewed in light of future change in legislation - Scoping of potential deprivation of liberty cases in the community completed on CareFirst and cases prioritised accordingly. Organisational wide planning and scoping to identify the cases and minimise legal risks before the actual date the amended legislation will come into force. 		Director, Adult Services (Kim Carey)

Adult Care and Health Risk Register

Q2 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER		
					LIKE	LIHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LIHO			OD	IMPA
9	Adult Social Care Public Health Strategy, Performance & Corporate Transformation	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel		2		5		10			1		4		4	- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)
10	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information		3		3		9			1		3		3		Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)
11	Adult Services	Failure to deliver partial implementation of Health & Social Care Integration Plans are not in place to deliver partial integration by 2020	Cause(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effect(s): - Failure to deliver statutory duties - Failure to achieve our Building a Better Bromley priorities	Financial Compliance /Regulation		2		3		6			2		3		6	- Ongoing discussions around the developing Integrated Care System with Bromley CCG - Joint Head of Integrated Commissioning to be recruited	Director, Adult Social Care (Kim Carey)

Risk Assessment Guidance

Likelihood	Almost Certain (5)	5	10	15	20	25	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: red; width: 20px; height: 10px; margin-bottom: 5px;"></div> 15+ </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: orange; width: 20px; height: 10px; margin-bottom: 5px;"></div> 10 - 12 </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: yellow; width: 20px; height: 10px; margin-bottom: 5px;"></div> 5 - 9 </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: green; width: 20px; height: 10px;"></div> 1 - 4 </div>	High Risk - review controls and actions every month
	Highly likely (4)	4	8	12	16	20		Significant Risk - review controls and actions every 3 months
	Likely (3)	3	6	9	12	15		Medium Risk - review controls and actions every 6 months
	Unlikely (2)	2	4	6	8	10		Low Risk - review controls and actions at least annually
	Remote (1)	1	2	3	4	5		
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)		
		Impact						

Risk Likelihood Key					
	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Remote	Unlikely	Possible	Likely	Definite
Expected frequency	10 - yearly	3 - yearly	Annually	Quarterly	Monthly

Risk Impact Key					
Risk Impact	Score - 1 Insignificant	Score - 2 Minor	Score - 3 Moderate	Score - 4 Major	Score - 5 Catastrophic
Compliance & Regulation	Minor breach of internal regulations, not reportable	Minor breach of external regulations, not reportable	Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable	Significant breach of external regulations leading to intervention or sanctions	Major breach leading to suspension or discontinuation of business and services
Financial	Less than £50,000	Between £50,000 and £100,000	Between £100,000 and £1,000,000	Between £1,000,000 and £5,000,000	More than £5,000,000
Service Delivery	Disruption to one service for a period of 1 week or less	Disruption to one service for a period of 2 weeks	Loss of one service for between 2-4 weeks	Loss of one or more services for a period of 1 month or more	Permanent cessation of service(s)
Reputation	Complaints from individuals / small groups of residents Low local coverage	Complaints from local stakeholders Adverse local media coverage	Broader based general dissatisfaction with the running of the council Adverse national media coverage	Significant adverse national media coverage Resignation of Director(s)	Persistent adverse national media coverage Resignation / removal of CEX / elected Member
Health & Safety	Minor incident resulting in little harm	Minor Injury to Council employee or someone in the Council's care	Serious Injury to Council employee or someone in the Council's care	Fatality to Council employee or someone in the Council's care	Multiple fatalities to Council employees or individuals in the Council's care

INSTANT GUIDE TO RISK MANAGEMENT

The Process	Identify your risks	Assess your risks	Control your risks	Monitor and Review your risks
<p>Risk Management is an important element of the system of internal control. It is based on a process designed to identify and prioritise risks to achieving Bromley's policies, aims and objectives.</p> <p>The Risk Management process is a continuous cycle:</p> <p>Using your objectives Identify your risks> Assess your risks > Control your risks> Monitor and Review your risks.</p> <p>Useful definitions:</p> <p>Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives.</p> <p>Risk is the chance of something happening which will have an impact on objectives.</p> <p>The message is that if you don't manage your risks then you are unlikely to achieve your objectives</p>	<p>Brainstorming session using IE&E plans and departmental objectives, to identify threats and opportunities.</p> <p>Useful analytical tools:</p> <p>Political Economic Social Technological Legal Environmental</p> <p>PESTLE provides a simple and useful framework for identifying and analysing external factors which may have an impact on your service.</p> <p>Strengths Weaknesses Opportunities Threats</p> <p>Using the PESTLE output SWOT is a technique that can help a service to focus on areas for improvement and opportunities that could be pursued.</p> <p>Remember if it can go wrong it will go wrong.</p>	<p>We use a 5 x 5 matrix to assess risks (see Risk Assessment Guidance tab).</p> <p>Risk is scored using a traffic light system:</p> <p>Red = High Amber = Significant Yellow = Medium Green = Low</p> <p>There are two risk variables that make up the overall risk rating:</p> <p>Impact – how minor / severe is it when it happens?</p> <p>Likelihood – how likely is it / how often does it happen?</p> <p>The Risk Management Toolkit provides detailed guidance on how to score these.</p> <p>Some of these assessments can be based on past experience. In other cases you will need to take a view.</p> <p>We measure both gross risk (before any controls are taken into account) and net or residual risk.</p>	<p>Consider the controls you have in place to mitigate or reduce the risk.</p> <p>What further controls are required? Record these as actions until they are completed.</p> <p>Consider the cost of any controls against the potential benefit gained.</p> <p>What is our Risk Appetite? An element of risk is unavoidable or we would never do anything!</p> <p>AVOID a risk – stop doing the activity</p> <p>REDUCE a risk – put additional controls in place</p> <p>TRANSFER a risk – by insuring or passing the risk to a third party</p> <p>TAKE a risk – monitor to ensure the impact and likelihood do not change</p> <p>Risk of service failure can be minimised by ensuring effective Business Continuity Plans are in place. For guidance contact Laurie Grasty x4764..</p>	<p>Risks should be reviewed at least annually and whenever your business plans change.</p> <p>Remember risks evolve and change over time. Are the controls still effective?</p> <p>Your aim should be to:</p> <p>Manage threats that may hinder delivery of priorities and maximise opportunities that will help to deliver them.</p> <p>The Bromley Risk Register is maintained centrally by Audit and includes details of the risks, risk owners, controls and actions. Contact James Newell x4842.</p> <p>Further guidance on Risk Management can be found in the Managers' Toolkit on onebromley. This also provides links to the Risk Management Strategy, Risk Management Toolkit and Risk Register.</p> <p>The site also provides a link to the Health and Safety Unit who carry out H&S risk assessments. For guidance contact the Corporate Safety Advisor Charlotte Faint x7584.</p>

Adult Services, Health and Housing Risk Register

Q2 2018/19

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD		IMPACT	RISK RATING				
17	Housing Needs	Care Leavers' accommodation Failure to provide a sufficient range of safe and suitable housing for care leavers	Cause(s): - Failure to appropriately risk assess housing provision offered to care leavers Effect(s): - Impact on life chances and outcomes for Care Leavers	Legal	3	3	9	<ul style="list-style-type: none"> - Review of all young people in B&B accommodation (post 18 years) undertaken - no young people housed in B&B. - Pathway plans updated to ensure appropriate support provided in relation to health and education needs. - Full strategic needs assessment of Bromley's young people's accommodation needs funded by DCLG commissioned from St Basils (a specialist service in young people's housing) to inform future decision making and help streamline the housing pathway. - BIS team to work closely with colleagues in the Housing Teams (S&R and Allocations) to review the housing pathway for care leavers and to identify suitable accommodation options for care leavers. - Homelessness strategy reviewed, including the priority of housing all young people. - Develop a policy for vulnerable homeless and care leavers as part of the homelessness strategy, outlining the housing pathways, all placement options and alternatives to bed and breakfast accommodation. - Develop and implement a risk assessment framework for care leavers to be used before any placement in new accommodation. - Amend the wider housing policy to ensure it aligns to the new care leaver placement strategy - The BIS Team to adopt the risk assessment tool in practice to ensure that all accommodation to be provided to care leavers is assessed for its suitability, as a safe and secure base, prior to the placement being commissioned. 	2	3	6	- A Gateway report will go to Committee in October for tendering the Care Leavers Accommodation Service	Director, Housing (Sara Bowrey) Director, Children's Services (Janet Bailey)		
8	All ECHS Divisions	Contracts and Service Level Agreements Failure to effectively procure and/or manage key contractors or partners, leading to the department being unable to deliver key services, including attracting appropriate contractors or partners to deliver services	Cause(s): - Failure of provider - Provider withdrawing from the contract Effect(s): - Failure to deliver required quality/quantity/value for money services	Contractual, Partnership	4	1	4 #NAME?		3	1	3	- Ensuring appropriate adjustment of prices following introduction of the National Living Wage	ECHS DLT		

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